

Home Rehabilitation & Repair PROGRAM APPLICATION



APPLICANT INFORMATION

APPLICANT		CO-APPLICANT	
Name (First Name, Last Name):		Name (First Name, Last Name):	
Telephone: ()		Telephone: ()	
Email Address:		Email Address:	
Mailing Address:		Mailing Address:	
Mailing Address (City, State, Zip):		Mailing Address (City, State, Zip):	
Employer (Company Name):	Time on Job:	Employer (Company Name):	Time on Job:
Employer Telephone: ()		Employer Telephone: ()	
Has ownership of the property (Y/N):		Has ownership of the property (Y/N):	
Property is full-time residence (Y/N):		Property is full-time residence (Y/N):	

REQUIRED MONITORING INFORMATION

APPLICANT (Mark all that apply)		CO-APPLICANT (Mark all that apply)	
Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic Race/National Origin: <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Other/ Multi-Racial Sex: <input type="radio"/> Male <input type="radio"/> Female Marital Status: <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (incl. single, divorced, widowed) Citizenship Status: <input type="radio"/> Natural born / Naturalized citizen <input type="radio"/> Eligible non-citizen		Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic Race/National Origin: <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Other/ Multi-Racial Sex: <input type="radio"/> Male <input type="radio"/> Female Marital Status: <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (incl. single, divorced, widowed) Citizenship Status: <input type="radio"/> Natural born / Naturalized citizen <input type="radio"/> Eligible non-citizen	

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: The following information is requested for activities related to CDBG and HOME funded programs, so that the U.S. Department of Housing & Urban Development (HUD) can monitor our compliance with equal credit opportunity and fair housing laws. Federal Law prohibits the City from discriminating based on race, color, national origin, religion, gender, disability status or familial status. The City is required to report the following information to HUD, therefore if you do not wish to provide this information, race and sex will be noted based on visual observation and/or surname.

PROPERTY ADDRESS

Street Address:	City: WEST VALLEY CITY	State: UT	Zip:
-----------------	----------------------------------	---------------------	------

Structure Type (<i>Single Family, Townhouse, Condo, Mobile Home, etc.</i>):			
Year Built:		Estimated Square Footage:	SQ FT
# Bedrooms:		# Bathrooms:	

HEATING SYSTEM (*Gas/Electric*)

Primary Source:	
Age of Unit:	
Condition of Unit:	

COOLING SYSTEM (*Forced Air, Swamp, Window Unit, etc.*)

Primary Source:	
Age of Unit:	
Condition of Unit:	

Mortgage Company:

Monthly Payment:	
Payment Past Due?:	

Insurance Provider:

Policy #:	
Expiration Date:	

TYPE OF REQUEST (*Check all that apply*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Plumbing
<input type="checkbox"/> Electrical
<input type="checkbox"/> Structural
<input type="checkbox"/> Roofing | <input type="checkbox"/> General Health & Safety
<input type="checkbox"/> Accessibility Modifications
<input type="checkbox"/> Code Compliance
<input type="checkbox"/> Water Heater | <input type="checkbox"/> Heating System
<input type="checkbox"/> Cooling System
<input type="checkbox"/> Energy Efficiency
<input type="checkbox"/> Other (<i>Explain Below</i>) |
|---|---|---|

REQUEST DETAIL - *Provide details for what you are requesting assistance with (List of repairs/concerns):*

PREVIOUS ASSISTANCE – *List of assistance you have previously received*

Agency (Name):	Assistance Received:	Date (Year):

HOUSEHOLD COMPOSITION

Complete information must be provided for each individual living in the household
(regardless of age, relation, or ownership status)

(Start with Applicant & Co-Applicant / Spouse, then in order from oldest to youngest)

Household Member Name (Full Legal Name)	Social Security # (Required)	Date of Birth (MM/DD/YY)	Age	Sex (M/F)	Relation to Applicant	Place of Birth (State, Country)	Disabled (Y/N)
1.					SELF		
2.							
3.							
4.							
5.							
6.							
7.							
8.							

HOUSEHOLD FINANCIAL STATEMENT

All adults 18yrs and older living in the household must supply the information below. Any income (benefits / assistance) received on behalf of minor children in the household must be included.

— MONTHLY INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER ADULT	OTHER ADULT	TOTAL
Salary					
Overtime Pay					
Tips / Commissions					
Bonuses					
Interest/Dividends					
Social Security					
Net Business Income					
Net Rental Income					
Pension/Retirement					
Unemployment					
Workers Comp.					
Alimony/Child Support					
Public Assistance					
Other					
TOTAL HOUSEHOLD INCOME :					

— ASSETS

TYPE OF ASSET	NAME OF HOUSEHOLD MEMBER	BANK NAME / ASSET TYPE	CASH VALUE
Checking Account			
Savings Account			
Stocks/Bonds & IRA'S			
Recreational Items			
Home Equity			
Real Property			
Other (Please Specify)			
TOTAL HOUSEHOLD ASSETS :			

— LIABILITIES (DEBTS)

CREDITOR	ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT	PAST DUE AMOUNT
1st Mortgage				
2nd Mortgage				
Car Payment				
Student Loan				
Consolidation Loan				
Credit Card				
Taxes				
Insurance				
Utilities				
Other				
Other				
Other				
TOTAL:				

EXPLANATION OF ANY PAST DUE AMOUNT:

	APPLICANT	CO-APPLICANT	OTHER ADULT
Monthly Child Support			
Monthly Child Care			
Deferred student loans			
Deferral period end date (MM/YY)			

Do you have any outstanding unpaid judgments? (YES/NO):			
Have you (or any other household member) ever declared bankruptcy? (YES/NO):			
What Chapter?		Discharge Date (MM/YY):	

I certify under penalty of perjury that the information in this application is true and correct to the best of my knowledge. I hereby authorize the West Valley City Grants Division to verify all information provided using whatever verification methods and documentation is necessary. I understand that false or misleading information provided by me may cause this application to be denied and or legal action may be taken against me. I understand that if any false or misleading information provided in this application is discovered after the work is completed, that I will be held personally and financially liable for the cost of the work performed plus interest at twelve percent (12%) per annum and any additional legal fees.

In addition, I hereby certify that I have not received any financial assistance from the West Valley City Grants Program within the last twelve (12) months.

WARNING: Section 1001 of Title 18 of the U.S. Code making it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Applicant (Print Name)

Applicant (Signature)

Date

Co-Applicant (Print Name)

Co-Applicant (Signature)

Date

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from a home built before January 1978. I received this pamphlet before work began.

Signature of Recipient

Date



West Valley City is a proud partner of the Salt Lake
Green & Healthy Homes Initiative (GHHI)

AUTHORIZATION OF THE RELEASE OF INFORMATION

West Valley City Grants Division

Organization requesting release of Information:

West Valley City Grants Division
4522 West 3500 South
West Valley City, UT 84120

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use the authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

West Valley City's Loan and Grant Programs

I authorize the above named organization and HUD to obtain information on wages, or unemployment compensation from State Employment Securities Agencies.

Information covered inquiries may be made about:

- Child Care Expenses Credit History Family Composition
- Employment, Income, Pensions and Assets Federal, State, Tribal or Local Benefits Handicapped Assistance Expenses
- Identity and Marital Expenses Medical Expenses
- Social Security Number Residences and Rental History

Individuals or Organization that may release information:

Any individual or organization including any governmental organization may be asked to release information. For example information may be requested from:
Banks and other financial institutions Courts, Credit Bureaus

Providers of:

Alimony, Child Care Child Support, Credit Handicapped Assistance Medical Care Pensions/Annuities

Computer Matching Notice and Consent:

I agree that WVC Grants Division, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Postal Service
State Employment Security Agencies State Welfare

The match will be used to verify information supplied by the family.

Conditions:

I agree that photocopies of this information may be used for the purposes stated above.

If I do not sign this authorization, I also understand that application may be denied.

Head of Household (Print)	Signature	Date	Social Security Number	Date of Birth
---------------------------	-----------	------	------------------------	---------------

Co-Head/Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
----------------------------------	-----------	------	------------------------	---------------

Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
--------------------------	-----------	------	------------------------	---------------

Other Adult Name (Print)	Signature	Date	Social Security Number	Date of Birth
--------------------------	-----------	------	------------------------	---------------

DECLARATION OF ZERO INCOME

The program for which your household is applying is funded in part by one or more of the following sources: CDBG and HOME funds. West Valley City is required to verify income of all adult household members (18 years or older) that are receiving assistance, or applying for assistance under these programs.

To comply with this requirement, you are required to supply the information requested in the "Certification" below. This information will be held in strict confidence and used only for the purpose of establishing your household eligibility.

CERTIFICATION

I/we do hereby certify that I/we do NOT receive income from ANY source. I understand sources of income include, but are not limited to, the following:

- Wages, tips, or commissions
- Unemployment Compensation
- Social Security
- Workers Compensation
- Child Support
- Education Grants/ Work- Study
- Self-Employment
- TANF
- Retirement Funds
- Alimony
- Income from Assets
- Pensions
- General Assistance
- Disability Benefits
- Union Benefits
- Family Support
- Annuities
- Money from any other source (explain):

Individual(s) living in the household (18 years & older) who do not receive income from any sources:

Print Name: _____ DOB: _____

Print Name: _____ DOB: _____

Print Name: _____ DOB: _____

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Utah law:

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

REQUIRED DOCUMENT CHECKLIST

(HOME REHABILITATION & REPAIR PROGRAM)

The following items must be provided along with the completed program application. Incomplete applications will not be processed. **All household members 18 years and older must supply the information listed below.** All information will be presented to the West Valley City Grant Committee for consideration **(COPIES ONLY - DO NOT SEND ORIGINALS)** :

- ☐ **Valid government issued photo I.D. (Applicant & Co-Applicant)**
- ☐ **Verification of citizenship or legal residency status (Applicant & Co-Applicant)** *such as: Social Security Card, U.S. passport, birth certificate or naturalization certificate/certificate of citizenship, Permanent Resident Card, etc.*
- ☐ **Property Tax Statement**
- ☐ **Mortgage Statement / Lot Rent Statement (Current month)**
- ☐ **Proof of income for the previous 60 days (All adult household members)** *such as: Pay stubs, SSI/SSA yearly statement, profit & Loss Statement (if self-employed), child support, alimony, etc.*
- ☐ **Copy of Checking & Savings Account Statements (last 2 months)**
- ☐ **Proof of Homeowners Insurance** (Must include coverage amounts & policy expiration date)
- ☐ **Proof of ownership** (Mobile Home Title)
- ☐ **Federal tax returns for the last 2 years** (complete)
- ☐ **Divorce decree** *(if applicable)*
- ☐ **Bankruptcy** *(if applicable)*

**SUBMIT COMPLETED
APPLICATION TO:**

West Valley City Grants Division
4522 West 3500 South
West Valley City, UT 84120

Phone: **801-963-3369**
Fax: **801-963-3518**
Email: **grants@wvc-ut.gov**